

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 167

Registered No. \_\_\_\_\_

## 1. PLACE OF BIRTH

County Gila State ArizonaDistrict or Township San Carlos or Village \_\_\_\_\_City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child James K. Phillips { If child is not yet named, make supplemental report, as directed.3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 12/20/28.  
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Lee Phillips</u>		Full maiden name <u>Mary Harris</u>	
9. Residence (Usual place of abode) <u>San Carlos,</u> If non-resident, give place and state. <u>Ariz.</u>		15. Residence (Usual place of abode) <u>San Carlos,</u> If non-resident, give place and state. <u>Ariz.</u>	
10. Color or race <u>Apache</u> <u>4/4 Indian</u>		16. Color or race <u>Apache</u> <u>4/4 Indian</u>	
11. Age at last birthday <u>40</u> (Years)		17. Age at last birthday <u>27</u> (Years)	
12. Birthplace (city or place) <u>San Carlos,</u> (State or country) <u>Ariz.</u>		18. Birthplace (city or place) <u>San Carlos,</u> (State or country) <u>Ariz.</u>	
13. Occupation <u>Common labor</u> Nature of Industry		19. Occupation <u>housewife</u> Nature of Industry	

20. Number of children of this mother \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 5  
(b) Born alive but now dead 0  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum? no

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated.  
(Born alive or stillborn)\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature C.H. Sawyer M.D.  
(Physician or midwife)Given name added from a supplemental report \_\_\_\_\_ Address San Carlos Ariz.Month, day, year \_\_\_\_\_ Filled \_\_\_\_\_, 19 \_\_\_\_\_ C.H. Sawyer. Registrar

Registrar

Registrar

172-122.3-482